U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

	, , , , , , , , , , , , , , , , , , , ,
1. File Number U -	2. Fiscal Year Covered From:
	61 / 61 / 2604 Through: [12 / 51 / 2604
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name CONLEY	Name Lanters Local 9109 Guillerio ISCANDOEZ
	Labor Organization File Number
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any Room Uto
Street 2840 Compo Rd	Street CENTRO CA
City SALRAMENTO	City Section 15
State ZIP Code + 4	State CA ZIP Code + 4 15855 - 700
5. Position in labor organization.	FINANCIAL SECRETURY
Enter appropriate data below if, during the past fiscal year, you or your spour (except as specified in the exclusion).  A. Held an interest in, engaged in transactions (including loans) with, or demonstrary value from an employer whose employees your organization.	sions set forth in the instructions): lerived income or other economic benefit of
Name and address of Employer (including trade name, if any).	7.a. Nature of interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City	
State ZIP Code +4	·
Signat	ture
15. Signature and verification. The undersigned declares, under penalty of Pr submitted in this report (including the information contained in any accompanyin undersigned's knowledge and belief, true, correct, and complete. (See the section	g documents), has been examined by the signatory and is, to the best of the
Signed James C. Conley	On 51/68/65 911,776 8246

Name of Person Filing JAMES C. CONLEY	me of Person Filing JAMES C. CONCEY			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).  Name Grail FRAND FERRINGS.  Trade Name, if any: LATHERS LOCAL 9109  P.O. Box, Bldg., Room No., if any ROOM III6  Street 2840 FL CEOTRO Rd  City SACRAMEOTO	9. Business deals with:  a. Labor Organiza  b. Trust  c. Employer	tion		
10. ff 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ng.		
Name Trade Name, if any:  P.O. Box, Bidg., Room No., if any				
Street				
City	11.b. Approximate dollar valu			
State ZIP Code + 4	01/01/04 THRU	BOOK MEPER	DE LOCAL PIDT FROM SPOUSE TRAINED ING DUTIES AND QUIT	
	12.b. Amount.		12,533.00	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			

Name of Person Filing JAMES C. Concey		File Number U-	3245	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).  Name Matt Kelly  Trade Name, if any: Sec-Sierge's Bubine Construction Report  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code +4  ZIP Code +4	a Labor Organizat	ion		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealin	g.		
Name	SAME IS CLEAN FOR THE SAC S			
Trade Name, if any:	Rudes			
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value	of such dealing.	francisco (maioritania)	
City	12.a. Nature of interest held	<del></del>	. — — — — — — — — — — — — — — — — — — —	=
State ZIP Code + 4	FROM TAY 13.	log.go		
			#120-/ 50	
	12.b. Amount.		13,906.00	<u>.1</u> ]
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.			
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:		3 20 30 30		SEA CHARLE
P.O. Box, Bidg., Room No., if any				100
Street				
City Control of the C				
State ZIP Code + 4				स्याप्त्रम् <b>या</b>
13.b. is the Business an Employer or Consultant?	14.b. Amount of payment.			

Name of Person Filing JAMES C. CONLEY		File Number U- 32/5
B. Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is ac (2) any part of which consists of buying from or selling or leasing directly or it dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business tively seeking to represent, or ndirectly to, or otherwise	s
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name MP77 Ketty	[ <u></u>	
Trade Name, If any: SAC SIERRAS BUILDING CONSTRUCTION LONDES	a. Labor Organizati	<b>000</b>
P.O. Box, Bidg., Room No., if any	b. Trust	
Street 2840 EL CENTRO RA	c. Employer	
City		
State ZIP Code + 4 9833 9700		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealin	ng.
Name		SUSE OF RESTREMENT DONNER
Trade Name, if any:	Para \$ 200, = Fo	THE CASTER BUILDING TRADES R SHOWSE & MYSELF
P.O. Box, Bldg., Room No., if any	(20% isc. ==)	
Street		
City	11.b. Approximate dollar value 12.a. Nature of interest held	
State ZIP Code + 4		
·	12.b. Amount.	The second secon
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any).		
Name		
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any		
Street	Market and the first of the control	
City		Company of the Compan
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of topying from residing or leaving to, or otherwise desting with the business (2) any part of which consists of typing from or selling or leaving (b), or otherwise desting with port labor or particular or with a trust in which your labor or particular or with a trust in which your labor or particular or with a trust in which your labor or particular or with a trust in which your labor or particular or with a trust in which your labor or particular or is interested.  8. Name and address of Equiness (including trude name, if any).  Name Seek S. 4.0 E.E. CENTRO. C.  9. Business deals with:  9. Business deals with:  1.a. Nature of such dealing.  1.a. Nature of such dealing	Name of Person Filling JAMES C. CONCEY		File Number U-	<del>*</del>
Name   MARPT   R. C.    Trade Name, if any   Secular Residence Consultant (Fording and a Labor Organization   b. Trust   c. Employer    D. D. Box, Bidg., Room No., if any   Secular Relations Consultant (Fording and a Labor Organization   b. Trust   c. Employer    D. D. Box, Bidg., Room No., if any   Secular Relations Consultant (Fording and a many sampleyer (other than an employer covered under parts A and B above) or from any labor relations consultant b an employer any payment of money or other bidg of value.  13.a. Name and address of Employer or Labor Relations Consultant (Fording and ame, if any:  P. D. Box, Bidg., Room No., if any   State	substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise			
Trade Name, if any: Sec. Siscess Seabons' Constitution (Superior Constitution)  P.O. Box, Bidg., Room No., if any  State Fig. 2th Centres Rd  2th Code + 4 Pass Frec.  11.a. Nature of such dealing.  State Fig. 2th Centres Rd  11.b. or 8.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  State  2th Code + 4 Pass Frec.  11.b. Approximate dollar value of such dealing.  11.a. Nature of micreat held or income received.  11.b. Approximate dollar value of such dealing.  11.a. Nature of micreat held or income received.  11.b. Approximate dollar value of such dealing.  11.a. Nature of micreat held or income received.  11.b. Approximate dollar value of such dealing.  11.a. Nature of micreat held or income received.  11.b. Approximate dollar value of such dealing.  12.a. Nature of micreat held or income received.  13.a. Name and address of Engloyer or Labor Relations Consultant (notating later name, 8 any).  14.a. Nature of support.  15.b. Amount.  16.c. Sectived from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.  16. Received from any employer (other than an employer any payment of money or other thing of value.  17.b. Amount.  18. Approximate oblar value of such dealing.  18. Amount and such dealing.  18. Amount of payment.  19. D. D. Sox, Bidg., Room No., if any Street  19. D. D. Sox, Bidg., Room No., if any Street  19. D.	8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Trade Name, if any:  C. Received from any employer (other than an employer covered under parts A and B above) or form any labor religiones consultant foncularing finder same, if any:  13.a. Nature of payment.  15. Trade Name, if any:  15. D. Trast  15. D. Trast  16. D. Trast  17. D. Dox, Bidg, Room No., if any:  17. D. Box, Bidg, Room No., if any:  18. A Nature of such dealing.  19. D. Box, Bidg, Room No., if any:  19. D. Box, Bidg, Room No., if any:  19. D. Amount.  19. D. Amount.  19. D. Amount.  19. D. Trast  19	Name HATT KRELLY	TD7		
P.O. Box, Bidg., Room No., if any Street  City  State  Trade Name, if any:  City  City  State  City  C	Trade Name, if any: Sec Sierras Bulling Construction Res			
Street ZS 4D EL CENTRO RA  City State ZP Code + 4 PSS 7TeC  10. If 9 b. or 9 c. is checked give trust or employer's name.  Name Trade Name, If any:  City State ZP Code + 4  11.a. Nature of such dealing.  12.b. Amount.  12.b. Amount.  12.b. Amount.  12.b. Amount.  12.b. Amount.  12.b. Amount.  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any:  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any:  14.b. Amount.  14.b. Amount of payment.	P.O. Box, Bldg., Room No., if any			
State P				•
11.a. Nature of such dealing.    Control   Con				
Name Trade Name, if any:  P.O. Box, Bidg., Room No., if any Street  ZIP Code + 4  11.b. Approximate dollar value of such dealing.  12.b. Amount.  12.b. Amount.  12.b. Amount.  12.b. Amount.  13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any):  Name Trade Name, if any:  P.O. Box, Bidg., Room No., if any Street  2IP Code + 4  14.b. Amount of payment.	State ZIP Code + 4 175330 1760			<u> </u>
Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  12.b. Amount.  12.b. Amount.  12.b. Amount.  13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any).  Name  Trade Name, if any:  14.b. Amount of payment.	10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	ng.	
P.O. Box, Bidg., Room No., if any  Street  Tib. Approximate dollar value of such dealing.  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  12.b. Amount.  C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  P.O. Box, Bidg., Room No., if any  Street  ZIP Code + 4  14.b. Amount of payment.	Name	Building TRADES	PORCHOED	A TABLEOF
Street  City  State  ZIP Code + 4  ZIP Code + 4  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  12.b. Amount.  C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  ZIP Code + 4  14.b. Amount of payment.	Trade Name, if any:	FOR & TOTAL	or 20 <sup>4</sup> 5,4	= \$150.0°
City State  ZIP Code + 4  ZIP Code + 4  ZIP Code + 4  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  12.b. Amount.  12.b. Amount.  12.b. Amount.  12.b. Amount.  13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  ZIP Code + 4  14.b. Amount of payment.	P.O. Box, Bidg., Room No., if any			
City  State  ZIP Code + 4  ZIP Code + 4  12.b. Amount.  12.b. Amount.  12.b. Amount.  13.b. Amount.  13.b. Amount.  13.b. Amount.  14.b. Nature of interest held or income received.  14.b. Amount.  15.b. Amount.  16.b. Amount.  17.b. Amount.  18.b. Amount.  18.b. Amount.  19.c. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.  19.c. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.  19.c. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.  19.c. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.  19.c. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.  19.c. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	Street	11 h Anorovimate dollar value	of such dealing	<b>50/2</b>
State  ZIP Code + 4  ZIP Code + 4  12.b. Amount.  12.b. Amount.  12.b. Amount.  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  ZIP Code + 4  ZIP Code + 4  14.b. Amount of payment.	City Services of the Control of the		<del></del>	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
C. Received from arry employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer arry payment of money or other thing of value.  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  ZIP Code + 4  14.b. Amount of payment.		La. Nami o mieres les	u IIIcanie receiveu.	
C. Received from arry employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer arry payment of money or other thing of value.  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  ZIP Code + 4  14.b. Amount of payment.			The second secon	
C. Received from arry employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer arry payment of money or other thing of value.  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  ZIP Code + 4  14.b. Amount of payment.				
C. Received from arry employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer arry payment of money or other thing of value.  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  ZIP Code + 4  14.b. Amount of payment.				
or from any labor relations consultant to an employer any payment of money or other thing of value.  13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  ZIP Code +4  14.b. Amount of payment.		12.b. Amount.		
(Including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  ZIP Code + 4  14.b. Amount of payment.				·
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code +4  14.b. Amount of payment.				
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code +4  14.b. Amount of payment.				
P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  14.b. Amount of payment.				And the second s
Street City State ZIP Code + 4  14.b. Amount of payment.				
State ZIP Code + 4 14.b. Amount of payment.	Commercia de la companya del companya de la companya del companya de la companya del la companya de la companya		and the Control of th	
State ZIP Code +4 114.b. Amount of payment.		Fig. 1. Sept. 1. Sept		A Company of the Comp
14.b. Amount of payment.				
	Township and the Committee of the Commit			
	13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	· .	

Name of Person Filing JAMES C. Concey		File Number U- 3	245
B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actionally any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or adirectly to, or otherwise		
8. Name and address of Business (including trade name, if any).  Name CHAIRMAN ROGER ST. GERNATH  Trade Name, if any: DRYWBW LATHING PROPERTICESHIP BORRO  P.O. Box, Bidg., Room No., if any  Street 23217 Kickley Street  City Towns And Street  ZIP Code +4 445 5163	c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealin	The state of the s	
Name	APPRENTICESHIP;		
Trade Name, if any:	COMMITTEE THU	s Top Spin	GIE & MYSELE
P.O. Box, Bldg., Room No., if any	.1 € (35; €	<b>370</b> #	
Street	11.b. Approximate dollar value	of such dealing.	# 70.0°
City	12.a. Nature of interest held	or income received	SPECIAL CONTRACTOR OF THE CONT
State ZIP Code + 4			
	12.b. Amount.		
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any).			
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	Application of the control of the co		The same of the sa
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		